



## Missouri Pharmacy Program – Preferred Drug List



### Calcium Channel Blockers (Non - DHP) Effective 09/01/2004

#### **Preferred Agents**

Cartia XT®  
Dilt-CD®  
Dilt-XR®  
Diltia XT®  
Diltiazem HCl  
Diltiazem CD  
Diltiazem ER  
Diltiazem SR  
Diltiazem XR  
Taztia XT®  
Verapamil HCl  
Verapamil SR

#### **Non-Preferred Agents**

Calan/Calan SR®  
Cardizem®  
Cardizem CD®  
Cardizem LA®  
Cardizem SR®  
Covera HS®  
Dilacor XR®  
Isoptin®  
Isoptin SR®  
Tiazac®  
Verelan®  
Verelan PM®

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800)392-8030.